

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70381	
O.I.P.E. CLASSIFIER		49	10/10/00
FORMALITY REVIEW	MM	780	11/3/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/17/00
2	✓	✓	11/17/00
3	✓	✓	11/17/00
4	✓	✓	11/17/00
5	✓	✓	11/17/00
6	✓	✓	11/17/00
7	✓	✓	11/17/00
8	✓	✓	11/17/00
9	✓	✓	11/17/00
10	✓	✓	11/17/00
11	✓	✓	11/17/00
12	✓	✓	11/17/00
13	✓	✓	11/17/00
14	✓	✓	11/17/00
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25	✓	✓	11/17/00
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28	✓	✓	11/17/00
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32	✓	✓	11/17/00
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40	✓	✓	11/17/00
41	✓	✓	11/17/00
42	✓	✓	11/17/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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